

TOWN OF ROLESVILLE SPECIAL EVENT PERMIT APPLICATION

NOTE: This application must be submitted no later than two (2) months before the proposed special event requested date.

1.	Date of A	application Submitted:					
2.	. Proposed Name of Special Event:						
3.	Special Event Sponsor(s):						
4.	Special Event Primary Coordinator Contact Information:						
Name:							
	Ado	Iress:					
	Pho	one: Mobile Phone:					
	Em	ail:					
5. Special Event Secondary Coordinator Contact Information:							
	Nar	me:					
	Ado	lress:					
	Pho	one: Mobile Phone:					
	Em	ail:					
6.	Request	ed Dates for Special Events To Be Held					
	First Choice:						
	Second Choice:						
	Third Choice:						
7.	Request	ed Locations for Special Events To Be Held (check all that apply):					
		Main Street Park accessible off of South Main Street (Gazebo, Shelters A/B/C)					
		Main Street Park accessible off of Scarboro Street (Shelter D)					
		Mill Bridge Nature Park					
		Ball field Community Park					
		Rolesville Town Hall or Community Center					
		Other:					

8. Will ther	e be any streets that need to be closed?		Yes		No			
Streets nee	ding closure: (Note: Cost of off-duty police offic	er traffi	c control se	rvices	will be incurred by the applicant)			
9. Will ther	e be a parade with this event?		Yes		No			
Nu	mber of participants you anticipate in the para	de:						
Wh	nat type of vehicles:							
10. Hours	of special event operation:							
11. What ty	11. What type of activities will be included with this special event?							
12. Will the	ere be amplified sound (musicians and bands)?	?	Yes		. No			
13. Will the	ere be any musicians or bands?		Yes		. No			
14. What ty	ype of genre of music will be performed?							
15. Is there	e a need for electrical service?		Yes		. No			
	ype of waste disposal services will be needed? the applicant)	(Note:	Cost for su	ch ext	ra waste disposal services will be			
	Mobile trash carts (65 gallon in size)		Number of	f carts	needed			
	Portable waste dumpster		Size (4 or	8 cub	ic yards)			
			Number of	f waste	e dumpsters needed			
	Cardboard dumpster		Number of	cardb	ooard dumpsters needed			
	Other:							
17. Numbe	er of anticipated merchants at special event: _							
18. Numbe	er of anticipated food vendors at special event:							
19. Estima	ted cost of admission:							
20. Will Fire	eworks or Pyrotechnics be used at event?		_ Yes		. No			

21. Number of anticipated attendees: 22. What is the purpose of this special event:							
Please note that there will be other Items that will be needed at future date before final approach. Set up date and time Take down date and time Town of Rolesville hold harmless agreement Certificate of insurance Approved ABC permits Approved Food and Sanitation Inspection permits for all food vendors Approved Fireworks permit through Wake County Fire Marshal Office	oval is given.						
In signing below, I, the applicant, do hereby certify that all information above is correapplication will be reviewed first by staff and then must be approved by the Town Bospecial event can occur.							
Signature of Applicant	Date						
When completed, please submit this application to:							
Town of Rolesville Attn: Town Manager PO Box 250 (Mailing Address) 502 Southtown Circle (Physical Address) Rolesville, NC 27571							
Phone: 919.556.3506 Fax: 919.556.6852							
FOR OFFICE USE ONLY - SIGNATURES OF APPROVAL							
Rolesville Rural Fire Department:	Date:						
Eastern Wake EMS: Date:							
Town of Rolesville:	Date:						
Board of Commissioners:	Date:						